



**AFFIDAVIT OF REVOCATION
FINANCIAL RESPONSIBILITY**

State Form 45425 (R2 / 8-96)

I, _____, do hereby revoke my assumption of financial responsibility for _____, Indiana driver's license number _____ - _____ - _____, under Indiana Code 9-24-9 et al. I acknowledge that this revocation will also act as an invalidation of the driving privileges of the above named minor.

I swear or affirm that the above is true and correct, and that any false statement may constitute the crime of perjury.

Date (month, day, year)

Signature of parent or guardian



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